

U.S. Officials Only

CONFIDENTIAL

CENTRAL INTELLIGENCE AGENCY
INFORMATION REPORT

25X1A

COUNTRY Yugoslavia
SUBJECT Status of Medicine, Medical Training, Research and
Public HealthPLACE ACQUIRED
(BY SOURCE) 25X1ADATE ACQUIRED
(BY SOURCE)

DATE (OF INFO.)

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE
OF THE UNITED STATES, WITHIN THE MEANING OF TITLE 18, SECTIONS 793
AND 794, OF THE U.S. CODE, AS AMENDED. ITS TRANSMISSION OR REVE-
LATION OF ITS CONTENTS TO OR RECEIPT BY AN UNAUTHORIZED PERSON IS
PROHIBITED BY LAW. THE REPRODUCTION OF THIS REPORT IS PROHIBITED.

THIS IS UNEVALUATED INFORMATION

NO. OF PAGES 6

NO. OF ENCLS.

SUPP. TO
REPORT NO.

25X1X

Organization of Medical Services

1. There are two types of medical service: (1) State, and (2) private. There are many private doctors in Yugoslavia. They are entirely free from governmental controls, and they are the rich men among professional workers. There is a shortage of medical manpower. There are only five to six thousand MDs in Yugoslavia for a total population of 17 million. This is one of the principal bottlenecks to good medical service. The quality of performance of private practitioners is much higher than that of state doctors. It is still the ideal of the medical man to have his own practice. The people do use private doctors even though they have to pay for such services.
2. It is compulsory for every medical student, upon completion of his medical studies, to spend two years working for the State. Young doctors perform such services as working in rural areas with an ambulatorium (office). Only after the performance of such service are doctors eligible for more advanced, specialized training. These offices, or ambulatoria, have overly heavy patient loads because of the lack of doctors. Gradually, they are getting good equipment, e.g. electrocardiographs; most of such equipment comes from Germany. These ambulatoria have two sets of doctors: one to take care of incoming patients, and one set to go out to visit patients.

U.S. Officials Only

CONFIDENTIAL

25X1A

DISTRIBUTION → STATE

This report is for the use within the USA of the Intelligence components of the Departments or Agencies indicated above. It is not to be transmitted overseas without the concurrence of the originating office through the Assistant Director of the Office of Collection and Dissemination, CIA.

CONFIDENTIAL/US OFFICIALS ONLY

- 2 -

3. Health Insurance: The ambulatoria are state-owned and the patients are all covered by public insurance. Insurance is paid by the government and by the factory or office where the individual works, 50% by each; the individual pays nothing on his own insurance. When a person becomes sick, if he works he gets a form from his employer to take to the doctor. If the person is not employed he may still go to the doctor in the ambulatorium and get free treatment; obtaining the necessary form might take a little longer. About two-thirds of the doctors in Yugoslavia practice under this insurance plan. Some work full time for the state, and others have part time private practice. The national health insurance program is a very good idea, but the quality of this state service is inferior.
4. Preventive Medicine: Preventive medicine plays a greater part in Yugoslavia than in Western countries, because primitive hygienic conditions exist in Yugoslavia. Many doctors cannot do public service because they don't have training in this type of medicine (this applies especially to the older doctors). After World War II quite a number of German doctors were invited to Yugoslavia to help get the medical profession started again, but this was not too successful because the Germans lacked the necessary preventive medicine training. The main preventive medicine problems in Yugoslavia are: (1) general hygienics in disease, and (2) nutrition for children. With UN and UNICEF help after World War II, two diseases were erased in Yugoslavia. They were: (1) epidemic typhus (knocked out by DDT), and (2) endemic syphilis (treated with a form of penicillin). Dr. Grujo Zerković, until 1952 Vice Chairman of the Ministry of Public Health, and presently on the staff of the University of Sarajevo Medical School, received a World Health Organization (WHO) stipend for a year of study in the US in 1953. He is a hygienist and epidemiologist, and a man of under 40 years of age. While in the US he studied at Harvard University and also travelled around. He studied problems of general hygiene and also the set-up of US medical schools. He is particularly interested in reorganizing Yugoslav medical schools.

Medical Education Facilities

5. Yugoslavia has five medical schools: (1) University of Belgrade, (2) University of Zagreb, (3) University of Sarajevo, (4) University of Ljubljana and (5) University of Skopljje. The Belgrade and Zagreb schools were established after World War I; Sarajevo was founded in 1944 or thereabouts, and the medical schools at Ljubljana and Skopljje were set up after World War II. A fixed number of medical students is authorized for each school. At Belgrade and Zagreb two hundred students are accepted in the beginning class. At the three smaller schools (Sarajevo, Ljubljana and Skopljje) one hundred students are admitted to the first class. There are five classes to the medical training, and six years is the average amount of time it takes to complete medical school and a year of interning. In recent years the output of doctors from the medical schools each year has been about five hundred.
6. Medical students don't pay anything for their training. They are paid three thousand dinars per month for their living expenses (about US\$10); their tuition is paid for them, and they receive their textbooks free. Usually they get some extra financial help from home. They are paid by the government for only the average amount of time it takes to finish medical school, and the student must finish within that allotted time or pay his own way for any time in school beyond that authorized. There is no way for a student to earn supplemental income from odd jobs, as is done in the US. A few good students are used as demonstrators or sub-instructors, but that is all.
7. The Yugoslav medical schools combine, to a certain degree, the US and European systems. (In most European universities there is no limitation on the number of students permitted to attend medical school, but an entrance examination is required.) At Yugoslav medical schools about 25% of the students are flunked throughout the course. The students now come from all economic levels without discrimination.

CONFIDENTIAL/US OFFICIALS ONLY

CONFIDENTIAL/US OFFICIALS ONLY

- 3 -

8. Administration of Medical Schools and Sources of Funds: The universities of Yugoslavia are under the direction of the Ministry of Science and Culture, but the medical schools are under the Ministry of Public Health and Social Welfare. [REDACTED] It was the Public Health section of the Ministry which held the responsibility for the medical schools, while the funds for the support of the medical students themselves came from the Social Welfare section of the Ministry. [REDACTED] clear.]

9. The medical school at the University of Sarajevo receives 180 million dinars per year (about US\$600,000). This is more money than the other parts of the University receive. The medical school is better off than the other faculties. This 180 million dinars is used, among other things, for the payment of teaching staff salaries, for all equipment, but not for the buildings nor for the non-teaching staff. The money for the students' tuition and other expenses does not come out of this 180 million dinars either. The Ministry of Health makes its grant to the medical school; what is done with the money is up to the faculty. They are the deciding body. The full, associate and assistant professors, together with the dean, who has a little more voice than the other professors, make up the budget. The position of dean is rotated every year or every second year. With the office of dean goes a car and chauffeur. The funds provided for the Sarajevo medical school are typical, except that Belgrade and Zagreb, having more students and a consequent need for more facilities and staff, receive proportionately more money.

10. There is a shortage of residents and of assistant doctors at the universities [university teaching hospitals?].

11. There are no separate departments of biochemistry at the medical schools in Yugoslavia. At the University of Sarajevo Medical School the Physiology Department is the largest, which may be explained by the fact that the first dean of the school was also head of that department.

12. [REDACTED]

CONFIDENTIAL/US OFFICIALS ONLY

Next 2 Page(s) In Document Exempt